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106TH CONGRESS
1ST SESSION

H. R. 1646

To authorize the Secretary of Health and Human Services to provide for an extra payment amount under the Medicare Program to rural providers of services who furnish case manager services to Medicare beneficiaries.

IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 1999

Mr. STARK introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To authorize the Secretary of Health and Human Services to provide for an extra payment amount under the Medicare Program to rural providers of services who furnish case manager services to Medicare beneficiaries.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be referred to as the "Rural Case Management Act of 1999".

SEC. 2. ADDITIONAL PAYMENT AMOUNT TO RURAL PROVIDERS OF SERVICES WHO FURNISH CASE MANAGER SERVICES.

(a) AUTHORITY TO PROVIDE ADDITIONAL PAYMENT FOR RURAL CASE MANAGER SERVICES.—In the case of a provider of services or a physician that furnishes services to Medicare beneficiaries in a rural area, the Secretary of Health and Human Services may provide for an additional payment under the Medicare Program for rural case manager services furnished by such provider or physician to Medicare beneficiaries.

(b) REQUIREMENT FOR RURAL CASE MANAGEMENT PLAN.—No payment may be made under subsection (a) for rural case manager services furnished to a Medicare beneficiary unless such provider or physician establishes, and periodically reviews, a rural case management plan for furnishing items and services for the treatment of the illness or injury of the Medicare beneficiary. The Secretary shall establish such standards as the Secretary finds necessary for the effective and efficient development and oversight of rural case manager services and rural case management plans to ensure the health and safety of Medicare beneficiaries furnished services under such a plan.

(c) PAYMENT.—

(1) IN GENERAL.—Payment may be made under this section for rural case manager services with respect to a Medicare beneficiary only—

(A) for the initial development of the rural case management plan for the individual, and

(B) for the subsequent review and modification of such plan, as provided by the Secretary in regulations.

(2) PAYMENT UNDER FEE SCHEDULE.—Payment under this section for rural case manager services shall be made pursuant to the fee schedule established by the Secretary.

(3) ESTABLISHMENT OF FEE SCHEDULE.—

(A) IN GENERAL.—The Secretary shall establish a fee schedule for payment for rural case manager services. Such schedule may provide for rates that differ for such services that comprise the establishment of a rural case management plan and that comprise review and modification of such a plan.

(B) CONSIDERATIONS.—In establishing such fee schedule, the Secretary shall consider appropriate regional and operational differences and adjustments to payment rates to account for inflation and other relevant factors.

(C) CONSULTATION.—In establishing the fee schedule for rural case manager services under this subsection, the Secretary shall consult with appropriate organizations representing individuals and entities who furnish referral services in rural areas for health care items and services furnished and share with such organizations relevant data in establishing such schedule.

(d) GUIDANCE ON INITIATION OF CASE MANAGER SERVICES.—The Secretary of Health and Human Services shall provide guidance on the process or processes that may be used to develop rural case management plans on a timely basis.

(e) LIMITATION ON REFERRALS.—Section 1877 of the Social Security Act (42 U.S.C. 1395nn) shall apply to a referral by a rural case manager to a rural agency in the same manner as such section applies to a referral by a physician to an entity described in section 1877(a)(2) of such Act.

(f) DEFINITIONS.—In this section:

(1) The term "rural case manager services" means the development, coordination, and monitoring of a rural case management plan for an individual furnished items and services for the diagnosis

and treatment of an illness or injury, and includes the periodic review of such a plan.

(2) The term "rural case management plan" means a structured plan for the delivery of items and services that is developed by a rural case manager, after consultation with the physician and, if available, the family of the individual involved.

(3) The term "provider of service" has the meaning given that term in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u)).

(4) The term "physician" has the meaning given that term in section 1861(r) of such Act (42 U.S.C. 1395x(r)).

(5) The term "rural area" means an area designated as a rural area under section 1886(d)(2)(D) of such Act (42 U.S.C. 1395ww(d)(2)(D)).

(6) The term "Medicare beneficiary" means an individual entitled to benefits under part A of title XVIII of such Act, or enrolled under part B of such title, or both.

(7) The term "Medicare Program" means the insurance program established under title XVIII of the Social Security Act.

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(g) EFFECTIVE DATE.—This section shall take effect on October 1, 2000, and apply with respect to rural services furnished on or after October 1, 2001.

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